

CITY OF MILWAUKEE HEALTH DEPARTMENT- Consumer Environmental Health
 841 N Broadway n 304 Milwaukee WI 53202 (Telephone 414.286.3674 414.286.5164)
FOOD DEALER LICENSE APPLICATION (License year is July 1-June 30)

PLEASE PRINT CLEARLY - TARGET OPENING DATE 12/26/08 DATE OF APPLICATION 12/25/08
 ADDRESS OF BUSINESS 2112 N. ... AVE CITY Milwaukee STATE WI ZIP 53208
 APPLICANT NAJMEE GLASS WORKS LLC. Sara N. Khan
 (Must be a legal entity as in a sole proprietor(s) or a Corporation, Ltd Partnership, or LLC registered with the Dept of Financial Institutions)

If applying in your own personal name(s) as opposed to a Corporation or LLC, also complete the following two lines:

DATE OF BIRTH(S) _____ HOME TELEPHONE NUMBER(S) _____
 HOME ADDRESS(S) THAI'S RED HOT CITY _____ STATE _____ ZIP _____
 BUSINESS NAME NAJMEE GLASS WORKS LLC E-MAIL ADDRESS _____
 BUSINESS TELEPHONE NUMBER 414 344 9899 CELL PHONE NUMBER 414 349 0201 FAX NUMBER 414 344 9899
 MAILING ADDRESS 248 N. 27th St CITY Milwaukee STATE WI ZIP 53208
 For Billing? For Licenses?

ANSWER YES (Y) TO THE FOLLOWING ITEMS THAT APPLY TO YOUR BUSINESS

- | | |
|--|--|
| <input type="checkbox"/> Do you sell, cater or give away restaurant food (meals, appetizers, soup, sandwiches, pizza, hot dogs, etc.) that is: | <input type="checkbox"/> Do you sell frozen or refrigerated prepackaged foods, such as meat, milk, eggs, ice cream, etc.? |
| <input type="checkbox"/> Limited to individually wrapped/sealed single food servings supplied by a licensed processor? | <input type="checkbox"/> Do you sell fresh fruits and/or vegetables? |
| <input checked="" type="checkbox"/> Prepared by you from raw, canned, dried, packaged or frozen, foods? | <input type="checkbox"/> Do you sell prepackaged foods such as canned/boxed goods, candy, chips, cereal, etc? |
| <input type="checkbox"/> Only given away or sold to the needy? | <input type="checkbox"/> Circle which of the following items you prepare in your store: coffee, espresso, cappuccino, latte, deli salads, fruit cups, ice, soft-serve ice cream, yogurt, slushies, candy, popcorn, cotton candy, snow cones, shaved ice, cakes, pastries, cookies, |
| <input type="checkbox"/> Are you selling beer or liquor? | <input checked="" type="checkbox"/> Do you use a grinder, slicer, band saw, and/or knives? (Circle those you use) |
| <input type="checkbox"/> Is this a Mobile Service Base for a pushcart or truck selling meals? | <input type="checkbox"/> Are you a wholesale distributor of prepackaged foods? |
| <input type="checkbox"/> Is this a Bed and Breakfast? | <input type="checkbox"/> Are you a wholesale food manufacturer? |
| <input type="checkbox"/> Is your building newly constructed? | <input type="checkbox"/> If yes, do you have a retail shop at the same location? |
| <input type="checkbox"/> Are you doing any remodeling? If yes, what are your plans? | |

ESTIMATED MONTHLY GROSS FOOD (not alcohol) SALES \$15,000 SIGNATURE OF APPLICANT Sara Khan

THIS BOX FOR HEALTH DEPARTMENT USE ONLY
 Corporate ID # NA36172 Reg Agt/Other Sara Khan Date of Birth 10-24-81
 New Operator Upgrade Food Service Other

Food Establishment
 No Processing Fee\$
 Processing Fee\$
 AG Admin Fee\$
Restaurant
 Prepackaged Fee\$
 Food Preparation Fee\$
 Additional Site Fee\$
 Meal Service\$
 Bed and Breakfast\$
 DOH Admin Fee\$
 Preinspection\$
 Site Evaluation\$
 Plan Exam Fee\$
 TOTAL\$

Date Paid _____
 Payment Type _____ Rec'd By _____
 Food Dist# 6 W&M Dist# 4
 Estab Number 217274
 Aldermanic District # _____
 Weighing/Measuring Devices? Y/N _____
 Previous Operator If Mail: _____
 Date Old Oper OB _____
 Type Of Estab _____
 Convenience Store Y/N _____
 Fire Type: FULL VENT NA MALL (Circle)
 Risk: 1 2 3 (Circle)
 Certificate Of Food Protection Practices
 Required? Y/N _____

Inv No _____
 Lic No _____
 Date Lic Printed _____
 HS ID No _____ EXP _____
 AG ID No _____
 Refund _____
 Addl Fees Due _____
 Date Paid _____ Inv No _____
 Payment Type _____ Rec'd By _____

IF PROCESSING, COMPLETE BACK OF FORM.

Restrictions And/Or Grandfathered Equipment _____

SIGNATURE OF OPERATOR OR REGISTERED AGENT _____ RELEASE DATE _____ SIGNATURE OF SANITARIAN _____

CITY OF MILWAUKEE HEALTH DEPARTMENT

Consumer Environmental Health
841 North Broadway, Room 304
Milwaukee, WI 53202
414-286-3674

ADDRESS OF BUSINESS: 2635 W. Kilbourn Ave, Milwaukee, WI 53208

APPLICANT: NAJMEE CLASS-WORKS

IMPORTANT NOTICE: The Milwaukee Health Department's acceptance of your application and payment does not give you permission to operate. It is illegal to operate without a license. You may only operate upon receiving written approval from the Milwaukee Health Department.

All Food Dealer and Tattoo/Body Piercing applicants are subject to a police background check. If certain criminal activity is identified through the police background check, the Common Council is advised and may decide to hold a hearing as to whether the license should be granted. Anyone can file an objection showing reasons why the license should not be issued, which may result in a Common Council hearing. If there is no objection and the establishment is in compliance with health requirements, the license can usually be approved and issued in about a month. In the case of an objection resulting in a Common Council hearing, the process of deciding whether a license will be issued may take several months.

Signature of Applicant:

Sana Khan

Date:

9/25/08